

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N97000001035

1. Corporation Name *Tomnie Zito Ministries, Inc*

Principal Place of Business

Mailing Address

5761 N.W. 112th Ave #111
Miami FL 33178

P.O. Box
226377
Miami, FL 33122

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

73-1491050

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Rev. D	Tomnie Zito	5761 N.W. 112 th Ave #111	Miami FL 33178
Mrs. D	Kimberly Zito	5761 N.W. 112 th Ave #111	Miami FL 33178
Mr. D	Galen Jensen	803 N. Arda 1	Fergus Falls MN 56537

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Rev Tomnie Zito 5761 N.W. 112 th Ave #111 Miami FL 33178	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Tomnie Zito

REGISTERED AGENT MUST SIGN

Date 10.25.99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tomnie Zito President

Date

Daytime Phone #

10.25.99 305.593.8578

CR2E061 (12/98)